State of California Department of Pesticide Regulation Cal/EPA

Nomination Form for IPM Innovator Award

Candidate Organization:	
1(a).	Contact person for the organization being nominated
	Name:
	Address:
	Telephone:
	Fax:
	Email:
1(b).	Person submitting nomination
	Name:
	Address:
	Telephone:
	Fax:
	Email:

2. Describe how the organization demonstrates leadership and creativity in IPM

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3. Describe willingness to share IPM information with others both inside and outside the organization. List efforts such as meetings, field days, research results, technical documents, and training programs.

4. How innovative is the organization's IPM program? What is the level of support and adoption of practices within the organization?